ELECTION INSPECTOR APPLICATION BLANK

NAME OF CITY, VILLAGE, TOWNSHIP OR SCHOOL DISTRICT

(MUST BE COMPLETED IN YOUR OWN HANDWRITING IN INK)

NAME IN FULL		DATE OF BIRTH TELEPHONE NO	
HOME ADDRESS			
SOCIAL SECURITY NUMBER			
LENGTH OF RESIDENCE IN CITY, VILL	AGE, TOWNSHIP OR SCHOOL DISTRIC		
REGISTERED IN PRECINCT #			
POLITICAL PARTY AFFILIATION	REPUBLICAN	DEMOCRAT	OTHER
	(TO BE ELIGIBLE FOR APPOINTM	MENT YOU MUST CHECK ONE	
WILL YOU WORK IN ANY POLLING PL	ACE YES	NO	
DO YOU HAVE TRANSPORTATION?	YES	NO	
HAVE YOU EVER BEEN CONVICTED C	OF A FELONY OR ELECTION CRIME?	YES	NO
EDUCATIONAL BACKGROUND(INCLUDE T	HE HIGHEST GRADE COMPLETED OR DEG	REES HELD)	
EMPLOYMENT BACKGROUND (INCLUDE C	CURRENT OR LAST PLACE OF EMPLOYMEN	NT AND TYPE OF WORK PERF	ORMED)
ELECTION INSPECTOR EXPERIENCE, IF A	NY: NUMBER OF ELECTIONS	IN WHAT JURISDICTION	N
PARTY OTHER	AT I AM NOT A MEMBER OF A KNOWN R THAN THE PARTY IDENTIFIED ABOVI STATEMENTS ARE TRUE TO THE BEST	E. I FURTHER CERTIFY TH	IAT THE
	ON THE OF ARRUST	DATE	
SI	GNATURE OF APPLICANT		

*A "KNOWN ACTIVE ADVOCATE" OF ANOTHER POLITICAL PARTY IS DEFINED TO MEAN A PERSON WHO

1) is a delegate to the convention or an officer of another party 2) is affiliated with another party
through an elected or appointed government position or 3) has made documented public statements
specifically supporting by name another political party or its candidates in the same calendar year as the
elections at which the person will serve as an election inspector.

"documented public statements" means statements reported by the news media or written statements with a clear and unambiguous attribution to the applicant.